

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

202092

State Form 44593 (R2 / 8-99)

I. TYPE OF NOTIFICATION (check one):		Original <input type="checkbox"/>	Revised <input checked="" type="checkbox"/> #4	Canceled <input type="checkbox"/>	Courtesy <input type="checkbox"/>
		* Must include copy of notification which is being revised			
II. FACILITY INFORMATION (identify owner, removal contractor, demolition contractor, inspector, and project designer)		RECEIVED State of Indiana			
Owner: City of East Chicago		AUG 08 2016			
Address: 4444 Railroad Ave		Dept of Environmental Management State of Indiana			
City: East Chicago		State: IN		Zip: 46312	
Contact: Damien Ventura		Telephone #: 219-391-8294			
Removal Contractor: n/a		Demolition Contractor: Actin			
Address:		Address: PO Box 518			
City: State: Zip:		City: East Chicago State: IN Zip: 46312			
Contact: Phone:		Contact: Michael Lopez Phone: 219-397-5020			
IN License #: Expiration:					
Inspector: Dragan Vjestica		(Required for asbestos projects at schools K - 12)			
Address: 1106 Camellia		Project Designer: n/a			
City: Munster State: IN Zip: 46321		Address:			
IN License #: 19A004656 Expiration: 3/21/17		City: State: Zip:			
Phone: 219-670-2912		IN License #: Expiration:			
Phone:					
III. TYPE OF OPERATION (check one)		Renovation: <input type="checkbox"/>		Emergency Renovation: <input type="checkbox"/>	
Intentional Burning: <input type="checkbox"/>		Demolition: <input checked="" type="checkbox"/>		Ordered Demolition: <input type="checkbox"/>	
IV. IS ASBESTOS PRESENT? (check one)		YES: <input type="checkbox"/>		NO: <input checked="" type="checkbox"/>	
V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL					
Licensed asbestos inspector performed pre-demolition survey.					
VI. APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM)					
	Regulated ACM to be removed	Non-friable Asbestos Material To be removed		Non-friable Asbestos Material Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Pipes (LnFt)	0	0	0	0	0
Surface Area (SqFt)	0	0	0	0	0
Total Volume (CuFt) on/off Components	0	0	0	0	0
VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: Start: End:					
VIII. SCHEDULED DATES OF RENOVATION: Start: End: DEMOLITION: Start: 8-29-16 End: 9-4-16					
IX. FACILITY DESCRIPTION (Including building name, floor, and room number)					
Building Name: residential					
Street Address: See attached list					
City: East Chicago		State: IN		County: Lake	
Location of removal within building: n/a					
Building Size (SqFt): see attached list		# of Floors: 2		Age: 50+	
Present Use: vacant		Prior use: residential			


199843

3rd Q

page 1 of 2

Est 29300

Don Donnan

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED <u>Demolition will be performed using heavy equipment. Debris will be transported to licensed landfill or transfer station.</u> _____ _____ _____			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT: <u>Water will be used during demolition to prevent emissions.</u> _____ _____ _____			
XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED POWDER: <u>Stop work, isolated areas, determine if suspected material is RACM, and notify appropriate agencies. Contact licensed asbestos contractor to remove all ACM prior to continuation of demolition.</u> _____ _____			
XIII. WASTE TRANSPORTER Name: <u>Actin</u> Address: <u>PO Box 518</u> City: <u>East Chicago</u> State: <u>IN</u> Zip: <u>46312</u> Contact: <u>Michael Lopez</u> Phone: <u>219-397-5020</u>		XIV. WASTE DISPOSAL SITE Name: <u>Republic Services</u> Address: <u>102 W Columbus Dr</u> City: <u>East Chicago</u> State: <u>IN</u> Zip: <u>46312</u> Contact: <u>Scalehouse</u> Phone: <u>219-398-6650</u>	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b). Name: <u>n/a</u> Title: _____ Date ordered to begin: _____ Authority: _____ Date of Order: _____			
XVI. FOR EMERGENCY RENOVATIONS: <u>n/a</u> Date and time of emergency: _____ Description of sudden, unexpected event: _____ Explanation of how the event caused unsafe conditions or would cause equipment damage: _____ _____			
XVII. I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326 IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS. <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 45%;"> _____ Lila Wever, Demolition Coordinator Owner/operator (printed)</div><div style="width: 45%; text-align: right;"><u>8-8-16</u> _____ Demolition Contractor affiliation</div></div>			
***** OFFICE USE ONLY *****			
POSTMARK:	RECEIVED:	REVIEWED BY:	DEFICIENCIES:

~~3842 Carey~~~~1328 Square Feet~~

Cancelled 6-7-16

~~1616 Broadway~~~~1730 Square Feet~~

Cancelled 6-7-16

3805 Main (Rear only)

408 Square Feet

Keep

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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* Must include copy of notification which is being revised					
II. FACILITY INFORMATION (identify owner, removal contractor, demolition contractor, inspector, and project designer)					
Owner: <u>City of East Chicago</u>					
Address: <u>4444 Railroad Ave</u>					
City: <u>East Chicago</u>		State: <u>IN</u>	Zip: <u>46312</u>		
Contact: <u>Damien Ventura</u>		Telephone #: <u>219-391-8294</u>			
Removal Contractor: <u>n/a</u>		Demolition Contractor: <u>Actin</u>			
Address: _____		Address: <u>PO Box 518</u>			
City: _____	State: _____	Zip: _____	City: <u>East Chicago</u> State: <u>IN</u> Zip: <u>46312</u>		
Contact: _____	Phone: _____	Contact: <u>Michael Lopez</u> Phone: <u>219-397-5020</u>			
IN License #: _____	Expiration: _____				
Inspector: <u>Dragan Vjestica</u>		(Required for asbestos projects at schools K - 12)			
Address: <u>1106 Camellia</u>		Project Designer: <u>n/a</u>			
City: <u>Munster</u>	State: <u>IN</u>	Zip: <u>46321</u>	City: _____ State: _____ Zip: _____		
IN License #: <u>19A004656</u>	Expiration: <u>3/21/17</u>	IN License #: _____ Expiration: _____			
Phone: <u>219-670-2912</u>	Phone: _____				
III. TYPE OF OPERATION (check one)		Renovation: _____ Emergency Renovation: _____			
Intentional Burning: _____		Demolition: <input checked="" type="checkbox"/> Ordered Demolition: _____			
IV. IS ASBESTOS PRESENT? (check one)		YES: _____ NO: <input checked="" type="checkbox"/>			
V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL Licensed asbestos inspector performed pre-demolition survey.					
VI. APPROXIMATE AMOUNT OF ASBESTOS (including Regulated ACM, Category I non-friable Category II non-friable ACM)					
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Pipes (LnFt)	0	0	0	0	0
Surface Area (SqFt)	0	0	0	0	0
Total Volume (CuFt) on/off Components	0	0	0	0	0
VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: Start: _____ End: _____					
VIII. SCHEDULED DATES OF RENOVATION: Start: _____ End: _____ DEMOLITION: Start: <u>6/20/16</u> End: <u>7/8/16</u>					
IX. FACILITY DESCRIPTION (Including building name, floor, and room number)					
Building Name: <u>residential</u>					
Street Address: <u>See attached list</u>					
City: <u>East Chicago</u>		State: <u>IN</u>		County: <u>Lake</u>	
Location of removal within building: <u>n/a</u>					
Building Size (SqFt): <u>see attached list</u>			# of Floors: <u>2</u>		Age: <u>50+</u>
Present Use: <u>vacant</u>			Prior use: <u>residential</u>		

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED <u>Demolition will be performed using heavy equipment. Debris will be transported to licensed landfill or transfer station.</u> <hr/> <hr/> <hr/>		
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XVI.	FOR EMERGENCY RENOVATIONS: <u>n/a</u> Date and time of emergency: _____ Description of sudden, unexpected event: _____ _____ Explanation of how the event caused unsafe conditions or would cause equipment damage: _____ _____		
XVII.	I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326 IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <u>Lila Wever</u> <small>Owner/operator (signature)</small> <u>Lila Wever, Demolition Coordinator</u> <small>Owner/operator (printed)</small> </div> <div style="width: 35%;"> <u>6-6-16</u> <small>date</small> <u>Demolition Contractor</u> <small>affiliation</small> </div> </div>		
***** OFFICE USE ONLY *****			
POSTMARK:	RECEIVED:	REVIEWED BY:	DEFICIENCIES:

ACTIN CONTRACTING, LLC

1102 E Columbus Ave
PO Box 518
East Chicago, IN 46312
Phone: 219-397-5020
Fax: 219-397-5028

RECEIVED
State of Indiana

AUG 08 2016

Dept of Environmental Management
State of Indiana

FAX

To: IDEM

From: Lila Weaver

Fax: 317-233-3257

Pages: 6

Phone:

Date: 8-8-16

Re: 3805 Main St, East Chicago
Revision # 4 (Rear Structure)

cc:

Thank you,
Lila Weaver
Project Coordinator